

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>6</u> 19 <u>00</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<div style="text-align: center;">OFFICE USE ONLY</div> <p>Date Received</p> <p style="color: blue; text-align: center;">CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</p> <p style="color: red; text-align: center; font-size: 1.2em;">JAN 14 2016</p> <p style="text-align: center; color: blue;">BY: <u><i>[Signature]</i></u> RECEIVED</p> <p style="text-align: right; color: blue;">Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>
	NICKNAME	LAST	SUFFIX	
1404A Palo Blanco Drive Laguna Vista, TX 78578		Robert		
Rodriguez		Jacquelyn	H.	
Dempsey				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
<input type="checkbox"/> Change of Address	1404A Palo Blanco Drive Laguna Vista, TX 78578			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(956)	371-5921		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
1604 Knobhill Dr.		Brownsville, TX	78520	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(956)	466-6627		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2015 12 / 31 / 2015			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		
	03 / 01 / 2016	<input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			Cameron County Sheriff	

5:05 pm

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 19

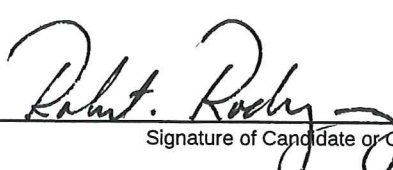
13 C / OH NAME <u>Rodriguez, Robert</u>	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	525.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,825.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	677.35
	4.	TOTAL POLITICAL EXPENDITURES	\$	12,407.39
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	8,825.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,125.00

17 AFFIDAVIT


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder


AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Rodriguez, this the 13th day of January, 2016, to certify which, witness my hand and seal of office.



 Signature of officer administering

Printed name of officer administering



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LIBRARY



SUBTOTALS - C/OH

18 FILER NAME Rodriguez, Robert		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,825.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3,125.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 12,407.39
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/19
2 FILER NAME Rodriguez, Robert		3 Filer ID
4 Date 08/21/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahadi, Abolhassan and Donna	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 905 N Shore Dr CL-15 Port Isabel, TX 78578		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant Industrial Services LLC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code PO Box 2460 South Padre Island, TX 78597		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Construction and electrical Co of So Tx, LLC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4705 Buddy Owens Blvd. McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Pamela	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 28818 Ted Hunt Rd. Los Fresnos, TX 78566		
Principal occupation / Job title (See Instructions) Escrow officer		Employer (See Instructions) Edwards Abstract
Date 08/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dempsey, David and Jacqui	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1604 Knobhill Drive BROWNSVILLE, TX 78520		
Principal occupation / Job title (See Instructions) Title Insurance		Employer (See Instructions) Rio Grande Valley Abstract Co., Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/19
2 FILER NAME Rodriguez, Robert		3 Filer ID
4 Date 09/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edge, John 6 Contributor address; City; State; Zip Code 219 Resaca Bend Rancho Vijeo, TX 78575	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions)
Date 08/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizondo, Edward Contributor address; City; State; Zip Code 308 E Houston Port Isabel, TX 78578	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizondo, Eluid Contributor address; City; State; Zip Code 24 Langan Brownsville, TX 78520	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Donald and Joann Contributor address; City; State; Zip Code PO Box 40171 South Padre Island, TX 78597	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/07/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles , Troy Contributor address; City; State; Zip Code 5813 Padre Blvd South Padre Island, TX 78597	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Troy Giles Realty & Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/19
2 FILER NAME Rodriguez, Robert		3 Filer ID
4 Date 08/21/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartzog, GL	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code PO Box 249 Rio Hondo, TX 78583		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Jody or Michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code PO Box 40141 South Padre Island, TX 78597		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JLW Home Health	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 21271 Vista Drive Harlingen, TX 78550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Sherman	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 6 Whooping Crane Laguna Vista, TX 78578		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Sherman Lee, Inc.
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallquist, Kent	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9 Country Club Laguna Vista, TX 78578		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/19
2 FILER NAME Rodriguez, Robert		3 Filer ID
4 Date 08/21/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padre Elite Team <hr/> 6 Contributor address; City; State; Zip Code 3401 Padre Blvd., Ste.A South Padre Island, TX 78597	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Albert and Linda <hr/> Contributor address; City; State; Zip Code PO Box 8550 Brownsville, TX 78520	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Briskey Perez Insurance
Date 10/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinkerton, Robert or Maria <hr/> Contributor address; City; State; Zip Code PO Box 2392 South Padre Island, TX 78597	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Island Service
Date 09/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridolfi, Rick and Gloria <hr/> Contributor address; City; State; Zip Code 17 Ocelot Trail Laguna Vista, TX 78578	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rio Hondo Lumber <hr/> Contributor address; City; State; Zip Code PO Box 630 Rio Hondo, TX 78583	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/19
2 FILER NAME Rodriguez, Robert		3 Filer ID
4 Date 10/13/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Margaret 6 Contributor address; City; State; Zip Code 2121 Tannehill Houston, TX 77008	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Michele Contributor address; City; State; Zip Code 2013 Palm Blvd. Brownsville, TX 78520	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law office of Michele Sanchez, PC
Date 08/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serafy, Lauran Contributor address; City; State; Zip Code 1521 Los Sabales Dr Brownsville, TX 78520	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanks, Jason or Amy Contributor address; City; State; Zip Code PO box 3079 South Padre Island, TX 78597	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tolin, Bettina Contributor address; City; State; Zip Code 9 Whooping Crane Laguna Vista, TX 78578	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions) Marcello's Restaurant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/19
2 FILER NAME Rodriguez, Robert		3 Filer ID
4 Date 12/10/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treharne, Gardner	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code PO Box 2354 South Padre Island, TX 78597		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Aldon and Joanne (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1300 Gulf Blvd., Unit 1801 South Padre Island, TX 78597		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Dr. Aldon Williams MD

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/19
2 FILER NAME Rodriguez, Robert		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/31/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Robert	9 Loan Amount (\$) \$2,125.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 1404-A Palo Blanco Dr. Laguna Vista, TX 78578	10 Interest Rate
		11 Maturity Date 12/31/2016
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 11/10/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Robert	Loan Amount (\$) \$1,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 1404-A Palo Blanco Dr. Laguna Vista, TX 78578	Interest Rate
		Maturity Date 11/10/2016
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 11/19		2 FILER NAME Rodriguez, Robert		3 Filer ID	
4 Date 10/26/2015		5 Payee name AT&T			
6 Amount (\$) \$105.21		7 Payee address; City; State; Zip Code 4305 North Expressway Brownsville, TX 78520			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/25/2015		Payee name AT&T			
Amount (\$) \$72.54		Payee address; City; State; Zip Code 4305 North Expressway Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/13/2015		Payee name Alex Avalos Printing Company			
Amount (\$) \$200.00		Payee address; City; State; Zip Code PO Box 2867 South Padre Island, TX 78597			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pushcards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 12/19	2 FILER NAME Rodriguez, Robert	3 Filer ID
4 Date 11/06/2015	5 Payee name Jett Media	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 2241 Dallas Ave. Suite B McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2015	Payee name Jett Media	
Amount (\$) \$484.81	Payee address; City; State; Zip Code 2241 Dallas Ave. Suite B McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2015	Payee name Jett Media	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 2241 Dallas Ave Suite B McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 13/19	2 FILER NAME Rodriguez, Robert	3 Filer ID
4 Date 08/20/2015	5 Payee name MJ Screen Printing	
6 Amount (\$) \$195.00	7 Payee address; City; State; Zip Code 250 S Williams Rd San Benito, TX 78586	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Screen printing - shirts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2015	Payee name MJ Screen Printing	
Amount (\$) \$210.00	Payee address; City; State; Zip Code 250 S Williams Rd San Benito, TX 78586	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bumper stickers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2015	Payee name Port Isabel Press	
Amount (\$) \$220.00	Payee address; City; State; Zip Code 101 Maxan Street Port Isabel, TX 78578	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 14/19	2 FILER NAME Rodriguez, Robert	3 Filer ID
4 Date 08/27/2015	5 Payee name RGV Media Group	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 700 E. Levee St. Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultant
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2015	Payee name RGV Media Group	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 700 E. Levee St. Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2015	Payee name RGV Media Group	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 700 E. Levee St. Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 15/19	2 FILER NAME Rodriguez, Robert		3 Filer ID
4 Date 07/13/2015	5 Payee name RGV Media Group		
6 Amount (\$) \$118.76	7 Payee address; City; State; Zip Code 700 E. Levee St. Brownsville, TX 78520		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/08/2015	Payee name RGV Media Group		
Amount (\$) \$2,137.94	Payee address; City; State; Zip Code 700 E. Levee St. Brownsville, TX 78520		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/13/2015	Payee name RGV Media Group		
Amount (\$) \$128.61	Payee address; City; State; Zip Code 700 E. Levee St. Brownsville, TX 78520		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 16/19	2 FILER NAME Rodriguez, Robert	3 Filer ID
4 Date 08/17/2015	5 Payee name RGV Media Group	
6 Amount (\$) \$177.02	7 Payee address; City; State; Zip Code 700 E. Levee St. Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2015	Payee name Rancho Viejo Country Club	
Amount (\$) \$1,179.73	Payee address; City; State; Zip Code 1 Rancho Viejo Drive Rancho Viejo, TX 78575	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Announcement party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2015	Payee name Rancho Viejo Resort and Country Club	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1 Rancho Viejo Dr. Rancho Viejo, TX 78575	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Announcement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 17/19		2 FILER NAME Rodriguez, Robert		3 Filer ID	
4 Date 12/10/2015		5 Payee name Republican Party			
6 Amount (\$) \$1,250.00		7 Payee address; City; State; Zip Code c/o Morgan Graham 134 Calle Hermosa Bayview, TX 78566			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee for place on the general primary ballot	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/12/2015		Payee name Rodriguez, Bobby			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 14 Iturbide St. Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone banking	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/11/2015		Payee name Third Coast Graphix			
Amount (\$) \$317.09		Payee address; City; State; Zip Code 301 W. Edgewood Friendswood, TX 77546			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign shirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 18/19	2 FILER NAME Rodriguez, Robert		3 Filer ID
4 Date 10/01/2015	5 Payee name Valley Morning Star		
6 Amount (\$) \$147.00	7 Payee address; City; State; Zip Code 1310 S. Commerce St. Harlingen, TX 78550		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper ad	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/27/2015	Payee name Walmart		
Amount (\$) \$19.44	Payee address; City; State; Zip Code 1401 State Highway 100 Port Isabel, TX 78578		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/04/2015	Payee name Walmart		
Amount (\$) \$89.78	Payee address; City; State; Zip Code 1401 State Highway 100 Port Isabel, TX 78578		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 19/19	2 FILER NAME Rodriguez, Robert	3 Filer ID
4 Date 08/17/2015	5 Payee name Walmart	
6 Amount (\$) \$21.28	7 Payee address; City; State; Zip Code 1401 State Highway 100 Port Isabel, TX 78578	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 08/19/2015	Payee name Walmart	
Amount (\$) \$10.08	Payee address; City; State; Zip Code 1401 State Highway 100 Port Isabel, TX 78578	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 10/09/2015	Payee name Walmart	
Amount (\$) \$45.75	Payee address; City; State; Zip Code 1401 State Highway 100 Port Isabel, TX 78578	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

